

**Children's Health Technical Advisory Committee Meeting  
James F. Thompson Room  
275 East Main Street  
Frankfort, Kentucky  
November 4, 2015 – 2:00 p.m. EST**

TAC members in attendance: Co-Chair Michael Flynn; Mary Burch; Julia Richerson, MD, proxy for Kelli Whitt, MD; Randall Elliott, DMD, proxy for Charlotte Haney, DMD; and Stephen Lin, proxy for Tara Grieshop-Goodwin.

Managed Care Organization (MCO) representatives in attendance: Jason Trudeau, Carolyn Kerr, Jessica Beal and Liz McKune, Passport Health Plan; Lee Ann Magre and Stephanie Jamison (telephonically), WellCare; David Crowley, Mary Maupin, Jeremy Randell, Jean O'Brien and Jeff Sutherland, Anthem Blue Cross-Blue Shield; Kimberlee Richardson, Dr. Jeb Teichman, Mendy Pridemore, Kelly Fellonneau and Amy Stiles, CoventryCares; Dr. Vaughn Payne (telephonically) and Martha Campbell (telephonically) Humana-CareSource .

Medicaid staff in attendance: Stephanie Bates. Others in attendance: Dr. Jerry Caudill and Nicole Allen (telephonically), Avesis; Garrett Gillen, Mahak Klara and Sarah Slates, Kentucky Youth Advocates; Ada Carlisle, DentaQuest; Morgan Stumbo, MCNA Dental; Emily Beauregard, Kentucky Primary Care Association.

The meeting was called to order by Co-Chair Michael Flynn. Introductions were made by those in attendance. A motion was made by Ms. Burch and seconded by Mr. Lin to approve the minutes of the September 9, 2015 meeting. Motion passed unanimously.

Cabinet Updates on Medicaid & KCHIP:

Stephanie Bates stated that the reports breaking information down by population, race, gender, etcetera that the TAC has received in the past will be emailed out to them once they are compiled. She furnished the TAC with an MCO Dashboard Comparison for July through September, 2015 and she noted that behavioral health reports will be furnished at the next TAC meeting. Ms. Bates informed the TAC that Dr. John Langefeld will be leaving DMS on November 15, 2015.

Mr. Flynn asked if DMS had any clarifying information concerning credentialing. Ms. Bates read verbatim what Provider Enrollment provided: If a provider submits the Medicaid enrollment application through an MCO, the MCO first credentials the provider and then forwards the application to Medicaid. Upon receipt from the MCO, Medicaid has fifteen days to process the application as opposed to the ninety days required if the providers submit directly to Medicaid. Therefore, even if it is a shorter time for Medicaid to process an application that comes from an MCO, Medicaid often does not receive the application from the MCO for sixty to ninety days, depending on how long it has taken for the provider to be credentialed by the MCO. Mr. Lin asked if this clarification could be emailed to the TAC. Ms. Bates also noted that Medicaid is expediting the behavioral health provider applications and the average processing time for those is less than thirty days.

Another clarification was concerning a significant drop in approval of preventive sealants versus restorations in the 2012/13 time frame. Ms. Bates said DMS was putting together a work group to review the CMS 416 to verify that the data is correct and to look into this issue.

Dr. Richerson asked about the asthma education codes and Ms. Bates stated she would try and get an update on that and report back.

Ms. Burch asked if reports were available showing the number of dental providers in each county by each MCO. Ms. Bates stated that a report will be available online within the next month showing membership in each county by each MCO and she will inform the TAC when that report is available.

MCO Updates

The MCOs were asked to discuss the following topics: Disenrollment for address match, guidance for providers on nitrous oxide usage, data on fillings for teeth #3, 14, 19 and 30, and if fillings are increasing or decreasing.

ANTHEM:

The TAC was provided with a report. Mary Maupin reported that as of October 29, 2015, a total of 187 members under the age of 21 were disenrolled; of that total, 59 were duplicates, meaning in the same household, resulting in 139 unique mismatched address enrollment, and she noted that the health plan has been attempting to contact members with incorrect addresses to advise them of the risk of losing benefits if they do not make the necessary corrections to their address.

A chart was provided showing the number of children receiving any dental services broken down by age for all three quarters.

DentaQuest Policy and Procedure 500.038 – Administration of Nitrous Oxide – was included in the report. The volume of services requested for nitrous oxide from January until September 30<sup>th</sup> was 492, and the top denial reasons were listed.

A chart was provided displaying the services rendered by tooth number, broken down by month of service, and the total services rendered were 1,199.

Ms. Maupin noted that since Anthem was not participating in 2012 and 2013, they have not seen any direct correlation between sealants increasing or decreasing.

COVENTRYCARES:

Dr. Jeb Teichman stated that he did not have firm numbers of members disenrolled due to wrong addresses but he discussed several initiatives that the MCO is doing to address this concern.

Dr. Jerry Caudill provided the TAC with a report and he discussed the dental issues. The administrative procedures and guidelines for the use of nitrous oxide were provided.

Dr. Caudill noted the request he received concerning sealants and fillings was for January 1, 2015 to October, and the report included a summary of fillings versus sealants and broken down by month and broken down by tooth number.

HUMANA:

Morgan Stumbo provided a report. She stated that the MCO does not require a prior authorization for nitrous oxide and she provided the criteria and guidelines for usage of nitrous oxide.

Information was provided on dental fillings and sealants for January, 2013 to June, 2015. Dr. Vaughn Payne noted that the MCO is working on getting clarification regarding the unique fillings versus total fillings for the 2012/13 time frame.

Dr. Payne stated that he was told DMS had the information concerning the disenrollment numbers but he will try to get further clarification and report back to the TAC.

PASSPORT: Carolyn Kerr did not furnish any disenrollment numbers but spoke about the different outreach efforts the MCO is doing to contact recipients and to obtain correct addresses.

Dr. Caudill spoke about the dental issues and provided the TAC with a report that was similar to the CoventryCares' report.

WELLCARE:

Stephanie Jamison stated that of the 2,000 members that were set to disenroll on September 30<sup>th</sup>, 64% of those members were reinstated to the plan due to updating their addresses. She noted that 48% of their members that are in the warning status are children under the age of 18. Ms. Jamison spoke about initiatives taken by the MCO to improve these numbers.

Dr. Caudill spoke about the dental issues and provided the TAC with a report that was similar to CoventryCares and Passport's reports.

Update on Dental Data: Stephen Lin made a presentation on the Oral Health Landscape, CMS 416: Kentucky EPSDT Utilization Data and provided the TAC with a handout. The themes that ran through this report were:

- Since FFY 2012, positive gains have been made to retain percentages to initial levels (FFY 2010) in the rate of children receiving dental services/treatment
- While the total number of children eligible has decreased, the total number of children receiving oral health treatment services by non-dentists has decreased in all age groups
- Sealants on permanent molars are age specific, so, it is appropriate for some age groups to not receive this service. However, according to CMS 415, there has been a significant drop in these services from ages 6 to 14.

Discuss Recommendations to MAC:

The recommendations to the Medicaid Advisory Council are:

- (1) That DMS and the MCOs extend the warning period for children with a mismatched address to six months before disenrollment to allow parents and/or guardians time to comply with the new policy and ensure their children receive continued access to necessary healthcare and medication.
- (2) That Code D0145 be made reimbursable by Medicaid, twice a year, for the following medical professional groups: dentists, dental hygienists, pediatricians, primary care physicians, physician assistants, APRNs, nurse practitioners and RN's.

Other Committee Business:

A motion was made and seconded to adjourn the meeting. The next meeting will be held in January of 2016, pending confirmation of the Medicaid Advisory Council 2016 meeting dates.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this 16<sup>th</sup> day of November, 2015.)